



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Rosehill,	Linda	K.	536-2611
MAILING ADDRESS (Street)			FAX
1088 Bishop Street Suite 1010			524-2628
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Rosehill & Associates			
MAILING ADDRESS (Street)			FAX
Same as above			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Kauai Island Utility Cooperative	808-246-8208	
MAILING ADDRESS (Street)	FAX	
4463 Pahee Street Suite 1	808-246-8268	
(City)	(State)	(Zip Code)
Lihue, Kauai	HI	96766
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Michael V. Yamane	808-246-8208	
MAILING ADDRESS (Street)	FAX	
4463 Pahee Street	808-246-8268	
(City)	(State)	(Zip Code)
Lihue	HI	96766

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
X Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (Indicate below)
X Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/5/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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H. A. Achenbach

CEO

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Kauai Island Utility Cooperative

808-246-8208

MAILING ADDRESS (Street)

FAX

4463 Pahee Street Suite 1

808-246-8268

(City)

(State)

(Zip Code)

Lihue, Kauai

HI

96766

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

1-10-05
(Date)